

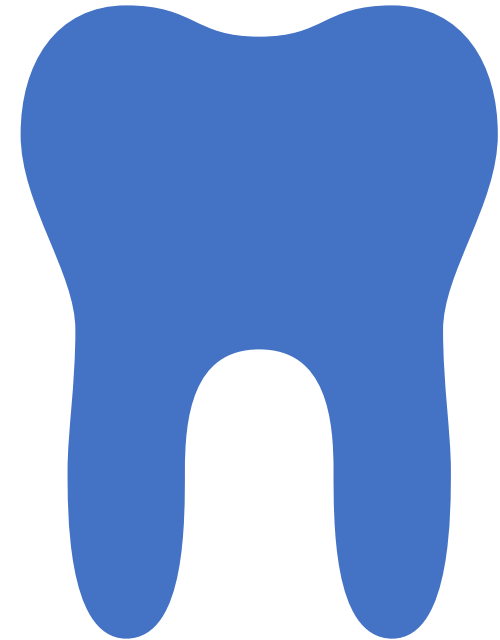
NHS Dental Services - London

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Access to NHS Dental Services

- NHS General Dental Services (GDS) are open but operating at reduced capacity
- Ongoing social distancing and enhanced infection prevention and control requirements
- Resulting in backlog of unmet need, delayed and suspended treatments
- Most dental practices are open and able to safely provide a full range of treatments
- Prioritising patients with urgent need and delayed treatments over routine and non-urgent dental care
- Access is not limited to any borough, patients are able to see a dentist in any borough they wish
- Access to 111 and the Urgent Care Pathway is available in cases where a patient is in pain or has urgent dental needs
- However, this treatment is temporary and is based on alleviating pain until the patient can see a dentist for comprehensive treatment. It is not a shortcut to routine care or referral services (eg; Specialist in Hospital)



Access to Children's Dental Services

- Project Tooth Fairy has created three general anaesthesia (GA) procedure rooms in Barts Hospital to address the backlog in paediatric dentistry delivered under GA. Number of children receiving treatment is steadily increasing. This will be a permanent resource for paediatric dentistry in north east London.
- A pilot service for children in care (Looked After Children) was launched in November. Uptake has been limited but the launch coincided with the omicron variant and December sees a reduction in activity due to festive holidays and events.
- Community Dental Services (CDS) continues to process all paediatric referrals into CDS and secondary care services. Cancellations and patients failing to attend had reduced during lockdowns but have begun to rise again.
- Mainstream patients requiring routine care continue to access high-street dentistry with difficulty in some cases.
- Oral Health Promotion for children (e.g. supervised brushing) needs to be increased but this requires additional funding.

Pandemic Year 1 – Dental Services

Practices were closed to patients for face to face treatment from the 25th March to the 8th June 2020. Practices were only able to provide telephone triage to patients, i.e. advice, painkillers and antibiotics.

UDCH were the only dental services available for face-to-face treatment, accessed via 111 and Dental Triage, with an average of 1500 calls per day and 40 UDCH were stood up across London.

Practices were open from the 8th June, however, In order to maintain a safe environment for patients and staff, dental practices had to allow for gaps (fallow time) between patients if they provided aerosol generating procedures (AGPs).

This inevitably meant that appointments were in shorter supply than they were pre-pandemic.

Many practices are still recovering from when the closure during the first national lockdown and many of those delivering NHS care have a significant backlog.

For these practices, their priorities are likely to be patients needing urgent care and those under active treatment.

Due to the difficulties in accessing dental care, patients are at a higher risk of oral disease and losing teeth.

Patients with outstanding treatment needs that were deferred due to the pandemic. **Feels like you were going to add to this?**

Pandemic Year 2 – Dental Services

Urgent Dental Care hubs to continue for 6-12 months as a minimum, monitoring of ALL contract activity as well as Orthodontic Services, Hospital Services and Specialist Contracts e.g., CDS, Care Homes.

111 and Dental Triage to continue 24/7 for Dental Practice Referrals as well as Acute (Kings, Guys, Kingston, St Charles, Royal London Hospital) to prevent walk-ins and oversubscription. Priority must be given to patients with urgent dental care needs.

Reconcile all contracts and evaluate any funds available to provide waiting list initiatives where possible.

Year End reconciliation and work with practices that have underperformed to increase dental access

Target 85% last Quarter of 21/22

Plan for patients that have not seen a dentist and need necessary treatment, Flexible Commissioning plan working nationally with other Commissioners.

Oral Health Needs Assessment working with Public Health, Local Dental Networks, Managed Clinical Networks and Local Dental Committees.

2022/2023 – Dental Services

Target for
quarter 4
21/22 is 85%

Target from 1st
April 2022 is
100%

Contracts that
have
terminated

Workforce
issues in
practice

Vaccination
Status

3-year Road Map to Dentistry

Phase 1	Phase 2	Phase 3
Current Access / Backlog <i>6-12 months</i>	Recovery Phase <i>12- 24 Months</i>	Normalisation <i>24- 36 months</i>

Roadmap to recovery of Dental Services 3 - 5 Years

Phase 1	Phase 2	Phase 3	
Here and Now	Recovery Phase	Normalisation	Risks
<p>Primary Care: Currently Practices are working at 85% for the last quarter of 2022, with huge backlogs. UDCH and 111 ongoing to ensure emergencies are seen ASAP to prevent A & E attendances. Access issues in most area of London due to 3 month closure of practices. UDCH Have been extended to March 2023 to ensure cover for patients in pain are seen asap.</p> <p>Intermediate: IMOS and Endodontics are delivering treatment in excess of contract targets where possible, however, waiting lists are increasing month on month.</p> <p>Community Dental Services: Capacity has improved but pre-pandemic levels are not currently possible. Oral Health Promotion activity is resuming. Pressures on services remain and Local Authorities are particularly focussed on care homes and children.</p> <p>Secondary Care: Capacity has been maximised under current restrictions but less than pre-pandemic levels. New contracting round for 2022/23 for all trusts. Stability for trusts is a priority so care can continue, Majority of dental patients are P3 & P4 priority within trusts causing issues with access to theatres & GA. Problems caused by open bays has been mitigated through speed reducing hand pieces. Focus on clearing backlog continues but majority of patients are under 52 weeks. Strict adherence to acceptance criteria will have some impact in primary care.</p>	<p>Primary Care: Innovative ways of directing patients to the right place to get routine/urgent and necessary dental services. This may include flexible Commissioning for new patients, Oral Health services for those in most need, vulnerable groups and a review of all General Dental Services along with a needs assessment re ensure demand is met where possible. Dental Access replaces UDCH to ensure both UDCH and routine is being carried out for all patients. (Time limited contracts). Needs assessment for London with possibility of procurement of new practices where loss of services have occurred</p> <p>Intermediate care: Continuation of IMOS & Endodontic service working focusing on reducing backlog and increasing workforce. Orthodontics focusing on delayed care & backlog</p> <p>Community Dental Services: Continuation of existing and development of additional Oral Health Promotion schemes. Development of services for patients in care homes, the homeless and Looked After Children. Focus on paediatrics ensuring appropriate care is delivered by GDPs and increasing secure access to GA facilities. Focus on backlog if not already addressed.</p> <p>Secondary Care: Continued prioritisation of patients according to need and reduction of backlog through increased access to GA, sedation and waiting list initiatives.</p>	<p>Primary Care: Steady State for Dental Services, back logs reduced where patients can access dental services with little or no waiting lists (back logs). Review of OH Services, Innovative Commissioning including Prevention and flexible Commissioning schemes</p> <p>Intermediate care: IMOS , Endo & Ortho return to normal</p> <p>Community Dental Services: Return to normal provision of services with focus on waiting times. Continued development for improvement in services.</p> <p>Secondary Care: Return to normal provision of services with focus on waiting times. Continued development for improvement in services where possible.</p> <p>Ventilation works required at many sites to obtain sustainability.</p>	<p>Due to delays with the vaccine and lockdowns, this road map would be a live document and would need updating on a regular basis.</p> <p>The following would have an impact:</p> <p>Dental Funds/allocations</p> <p>Changes to the targets</p> <p>Increased need due to deterioration of oral health during pandemic</p> <p>Oral Health inequalities highlighted as a result of pandemic</p> <p>Capacity in teams (NHSI PHE)</p>
<p>Timescale: 12 months (April 2023)</p>	<p>Timescale: (April 2023 -2025)</p>	<p>Timescales (2025/6 subject to previous</p>	



NHS Dental Services

Any
Questions?